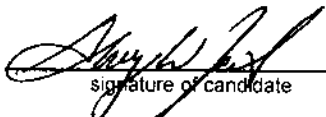
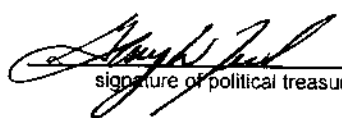


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7-10-10		2.a. NAME OF CANDIDATE OR COMMITTEE GARY W NEIL	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 10802 Oakwood Georgetown Rd Georgetown TN 37336 423-344-6422			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) County Commissioner District 9		6. NAME OF POLITICAL TREASURER (may be candidate) GARY W NEIL	
7. CATEGORY OR REPORT (Check one)			
<input type="checkbox"/> FIRST QUARTER <input checked="" type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD 4-25-10		8.b. ENDING DATE OF REPORTING PERIOD 7-10-10	
9. (Check one)			
a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.			
 signature of candidate		7-10-10 date	
 signature of political treasurer		7-10-10 date	
11. WITNESS SIGNATURE			
_____ signature of witness		_____ date	
_____ signature of witness		_____ date	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT		\$ 2723.52	
b. TOTAL RECEIPTS THIS PERIOD		\$ 2000.00	
c. TOTAL DISBURSEMENTS THIS PERIOD		\$ 4723.56	
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)		\$ -0-	
e. TOTAL LOANS OUTSTANDING		\$ -0-	
f. TOTAL OBLIGATIONS OUTSTANDING		\$ -0-	



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 RECEIVED
 CAMPAIGN FINANCIAL DISCLOSURE

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="text-align: center; font-family: cursive; font-size: 1.2em;">GARY WNEI</div>	14. REPORT COVERING THE PERIOD FROM: <u>4-25-10</u> TO: <u>7-10-10</u>
------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ - 0 -

b. Itemized Contributions (over \$100 from each source this period) \$ 2000⁰⁰

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2000⁰⁰

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2000⁰⁰

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

Graphic Impressions	\$ <u>415¹⁵</u>
Harrison Ruetan Club	\$ <u>50⁰⁰</u>
Committee to Elect Gary Wnei	\$ <u>100⁰⁰</u>
Post Master	\$ <u>759²⁹</u>
	\$ <u> </u>
	\$ <u> </u>
	\$ <u> </u>
	\$ <u> </u>
	\$ <u> </u>
	\$ <u> </u>

Total of Expenditures (\$100 or less each payee) \$ 150⁰⁰

b. Itemized Expenditures (Over \$100 each payee this period) \$ 1174⁴⁴

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 1324⁴⁴

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 3399¹²

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 4723⁵⁶

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ - 0 -

b. Itemized in-kind contributions (over \$100 from each source this period) \$ - 0 -

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ - 0 -

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ - 0 -

b. Itemized Obligations Outstanding (Over \$100 each) \$ - 0 -

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ - 0 -



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE GARY W NEIL		2. REPORT COVERING THE PERIOD FROM: 4-25-10 TO: 7-10-10	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name JBRW Local 175		Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)
Last Name/Organization Name 3922 Volunteer Dr		Amount of Contribution 2000.00	
Address Chattanooga		Date of Contribution 5-13-10	Aggregate This Election
City TN	State 37416		
Occupation			
Employer			
First Name		Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)
Last Name/Organization Name		Amount of Contribution	
Address		Date of Contribution	Aggregate This Election
City	State	Zip Code	
Occupation			
Employer			
First Name		Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)
Last Name/Organization Name		Amount of Contribution	
Address		Date of Contribution	Aggregate This Election
City	State	Zip Code	
Occupation			
Employer			
First Name		Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)
Last Name/Organization Name		Amount of Contribution	
Address		Date of Contribution	Aggregate This Election
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)			\$2,000.00



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE GARY W NEIL				2. REPORT COVERING THE PERIOD FROM: 4-25-10 TO: 7-10-10		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		Description of In-Kind Contribution
Occupation		Employer				
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		Description of In-Kind Contribution
Occupation		Employer				
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS						-0-
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)						



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>GARY W NEIL</i>			2. REPORT COVERING THE PERIOD FROM: <i>4-25-10</i> TO: <i>7-10-10</i>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>1,324.44</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure <i>Advertising</i>	Amount of Expenditure <i>\$415.¹⁵</i>
Last Name/Business Name <i>Graphic Impressions</i>					
Address <i>2605 E 30th St</i>					
City <i>Chattanooga</i>		State <i>TN</i> Zip Code <i>37407</i>			
First Name		Middle Name		Purpose of Expenditure <i>Postage</i>	Amount of Expenditure <i>759.²⁹</i>
Last Name/Business Name <i>PostMaster</i>					
Address					
City		State Zip Code			
First Name		Middle Name		Purpose of Expenditure <i>CANDIDATE DINNER</i>	Amount of Expenditure <i>50.⁰⁰</i>
Last Name/Business Name <i>Harrison Ruritan Club</i>					
Address <i>5637 Highway 58</i>					
City <i>Harrison</i>		State <i>TN</i> Zip Code <i>37341</i>			
First Name <i>GARY BEHLKE</i>		Middle Name		Purpose of Expenditure	Amount of Expenditure <i>100.⁰⁰</i>
Last Name/Business Name <i>Behlke</i>					
Address <i>6443 Olde Ferry</i>					
City <i>Harrison</i>		State <i>TN</i> Zip Code <i>37341</i>			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City		State Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City		State Zip Code			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					<i>1,324.⁴⁴</i>



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Angela W. Jones</div>				2. REPORT COVERING THE PERIOD FROM: 4-25-10 TO: 7-10-10			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name GARY		Middle Name WAYNE		Outstanding Loan Balance (Beginning of Period) 5500.⁰⁰		Loans Received 1	
Last Name/Organization Name NEIL				Loan Payments 3399.¹²		Outstanding Loan Balance (End of Period) - 0 -	
Address 10802 Ooltewah Georgetown Rd				Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan 2-20-10	
City Georgetown		State TN		Zip Code 37336			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
Zip Code				Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
Zip Code				Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
Zip Code				Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
Zip Code				Zip Code			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period) 5500.⁰⁰		Loans Received 1	
				Loan Payments 3399.¹²		Outstanding Loan Balance (End of Period) - 0 -	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Stephen H. Paul</i>			2. REPORT COVERING THE PERIOD FROM: <i>4-25-10</i> TO: <i>7-10-10</i>			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name		Middle Name				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			- 0 -	- 0 -	- 0 -	- 0 -

